928

The

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

## 05143

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

| I. PLACE OF DEATH.  | 2. USUAL RESIDENCE (HOME) OF DECEASED  |
|---|--|
| COUNTY SI. Marys MARYLAND   | STATE mary Land COUNTY (T mary)  |
| CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY   | CITY (If outside corporate limits, write RURAL and give nearest town)  |
| OR give nearest town) / (in this place)   | II OR /  |
| TOWN Leonardown   | TOWN Leon ard low N  |
| HOSPITAL OR<br>INSTITUTION OR   | STREET (If rural, give location)   |
| STREET ADDRESS  | ADDRESS  |
| 3. NAME OF (First) (Middle)   | (Last)   4. DATE (Month) (Day) (Year)  |
| DECEASED  | P OF   |
| (Type or Print) / Rancis Herberi  | Ntackislon   DEATH 3 - 27 1957   |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,  | 8. DATE OF BIRTH 9. AGE last birthday   If under 1 year   If under 24 hrs  |
| male Colored (Specify) widowed  | 3-15-1879 XB 72 yrs. Months. Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR   | 11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT  |
| done during most of vorking life, even if retired) INDUSTRY Jed Food  | COUNTRY?   |
| 13. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME   |
| D/  |  |
| John Drackislon   | Klane Edelen   |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   | 17. INFORMANT AND ADDRESS  |
| (Yes, no, or unknown) (If year, give war or dates of 2/8-01-1/68  | Thomas Blockiston - Mechanicsville   |
| 20   Bell (10)  | THO MICS TODOCKISK - MICCHO TICSOTEC   |
| 18. MEDICAL CEI   | RTIFICATION INTERVAL BETWEEN   |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   | ONSET AND DEATH  |
| (1), 1016   | 1100   |
| Immediate cause (a) TAVALLSUSEDE  | 1 61 65/ (Accept   |
| 4222  | 1  |
| Antecedent cause(s)   | 1 1  |
| Diseases or conditions, if any, (b) / WYOTAS all  | 11 Things  |
| giving rise to the above cause  | the state of the s |
| stating the underlying cause last   |  |
| II. OTHER SIGNIFICANT CONDITIONS  | **************************************   |
| Conditions contributing to the death but not  |  |
| related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION |  |
| 192. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY?   |
|   | Yes No 🗵   |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,  | (CITY OR TOWN) (COUNTY) (STATE)  |
| SUICIDE OF office bidg., etc.) IIOMICIDE INJURY   |  |
| TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED  | I HOW DID INJURY OCCUR?  |
| OF While at Not While   | HOW DID INJURY OCCURY  |
| INJURY m.   Work   At work  |  |
| San 1. 9  | C N  |
| 22. I hereby certify that I attended the deceased from  | , 1957, to, 19 that I last saw the deceased  |
|   |  |
| alive on 1920, and that death occurred at   |  |
| SIGNATURE (Degree or title)   | ADDRESS DATE SIGNED  |
| My Tylens   | $m_{\lambda}$ .  |
| J. J. William Yll   | 111.10   |
| 23. BURIAL, CREMATION DATE NAME OF CEMETER REMOVAL (Specify)  | RY OR CREMATORY   LOCATION (City, town, or county) (State)   |
| DURIOL 5-30-5/ SI. ALOVS  | ius, Cold Leonard laww Md.   |
| DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   | 24-FUNERAL DIRECTOR ADDRESS  |
| REG. 5/2-0/17 (02100000000000000000000000000000000000   | 1 / B / B / B / B / B / B / B / B / B /  |
|   | VICITORIENSON - Blowing lown Mg  |
|   |  |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05144

## CERTIFICATE OF DEATH

| 1. PLACE OF BEATH.   | 2. USUAL RESIDENCE (HOME) OF DECEASED COUNT   | v                                   |
|--|---|-------------------------------------|
| MARYLAND MARYLAND  | marykund st me  | eres                                |
| CITY (If outside corporate limits, write RURAL and OR give nearest town)  TOWN (in this, place)                                  | CITY (If outside corporate limits, write RURAL and gi   | ve negrest town)                    |
| HOSPITAL OR<br>INSTITUTION OR<br>STREET ADDRESS  | STREET (If rural, give location)  |                                     |
| 3. NAME OF (First) (Middle) DECEASED   | (Last) 4. DATE (Month) OF DEATH MOUL  | (Day) (Year)                        |
| (Type or Print)  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,   |   |                                     |
| Male Colored WIDOWED, DIVORCED, (Specify) Ukolowical   | 8. DATE OF BIRTH 2. AGE last birthday   Junder   Michigans   19   19   19   19   19   19   19   1   | Days Hours Min.                     |
| 10al USUAL OCCUPATION (Give kind of work   10b. Kind of Business or  | 11. BARTHPLACE (State or foreign country)   | 2. CITIZEN OF WHAT                  |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME  | n. s.a.                             |
| 13. FATHERS NAME   | Pare  | 4                                   |
| 15. WAS DECRASED EVER IN U.S. ARMED JOBCES?   16. SOCIAL SECURITY NO.  | 17. INFORMANT AND ADDRESS   | I lack on                           |
| (Yem, no, or unknown) (If yes, give war of dates of service)   | Helen , Detalling   | PPI L                               |
| 18. MEDICAL CE   | RTIFICATION   | T                                   |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  |   | INTERVAL BETWEEN<br>ONSET AND DEATH |
| Hent I all   | leine   | 1mo.                                |
| Immediate cause (a)  | A & A   |                                     |
| 450, Ontecedent cause(s)  Diseases of conditions, if any. (b)  | Arrend emboli   | 1 mo.                               |
| giving rise to the above cause  get stating the underlying cause last  | 1 4 1 1   |                                     |
| (c) Henralize  | & Anschrous   | 1 10 years                          |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. |   |                                     |
| 19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  |   | 20. AUTOPSY?                        |
|  | CONTRACTOR | Yes No                              |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY                                | (CITY OR TOWN) (COUNTY  | ) (STATE)                           |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work                                       | HOW DID INJURY OCCUR?   | W <sub>1</sub> .                    |
|  | 1057) 4 M4 C 105/ 115714  | 41. 3                               |
| 22. I hereby certify that I attended the deceased from   |   |                                     |
| alive on Signature. 195 and that death occurred at   | ADDRESS and on the date s   | tated above. DATE SIGNED            |
| Mr. H. Lutrick. M.D  | 5-7.  | -57                                 |
| 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE.   | RY OR CREMATORY LOCATION (City, town, or cour   | hty) / (State)                      |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  | 24. FUNERAL DIRECTOR  | DDRESS                              |
| REG. 578/57 Cacalles   | pre maurilly  | 100105                              |
|  | Jennadtoderas S   | mal                                 |

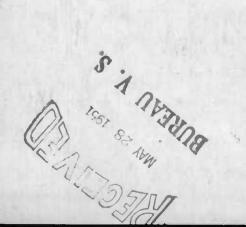


05145

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

| 1. PLACE OF DEATH.   | 2. USUAL RESIDENCE (HOME) OF DECEASED.                                 |   |
|--|--|---|
| COUNTY St. Mary's MARYLAND   | STATE Georgia COUNTY   |   |
| CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY  | CITY (If outside corporate limits, write RURAL and give                | nearest town)                           |
| OR give negrest town) TOWN Paturent River. (in this place)   | OR TOWN Columbus   |   |
| HOSPITAL ()P   | STREET (If rural, give location)                                       |   |
| INSTITUTION OR Infirmary, U.S. Naval Air Street Address Station  | ADDRESS 212 Chapel St.   | V                                       |
| 3. NAME OF (First) (Middle)  | (Last) 4. DATE (Month)   | (Day) (Year)                            |
| (Type or Print) Baby David Boy Roy   | CAMERON DEATH May  | 22 19 51                                |
| 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED,  | 8. DATE OF BIRTH   9. AGE last birthday   If under 1                   | year  If under 24 hrs                   |
| Male   Caucasian   (Specify)   | 5-22-51 ym.   Months   | Days Hours Mg.                          |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY                             | 11. BIRTHPLACE (State or foreign country)   12.                        | CITIZEN OF WHAT                         |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME   |   |
| Wiley Bosert CAMERON   | Marion F. PARRISH  |   |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.  | 17. INFORMANT AND ADDRESS  |   |
| (Yes, no, or unknown) (If yes, give war or dates of service)   | U.S. Navy Records  |   |
| 18. MEDICAL CEI  |  |   |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  |  | INTERVAL BETWEEN ONSET AND DEATH        |
| Immediate cause (a) ATELECTASIS  |  | lhr.9min                                |
| 7/7 Immediate cause (a)  |  |   |
| Antecedent cause(s)  |  |   |
| Diseases or conditions, if any, (b) PREMATURITY (22 We giving rise to the above cause  | eeks gestation/  | 0-0 0-0 0-0 0-0 0-0 0-0 0-0 0-0 0-0 0-0 |
| stating the underlying cause last  |  |   |
| (c)  |  |   |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. |  |   |
| 19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?                            |
|  |  | Yes 🗆 No 📉                              |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,   | (CITY OR TOWN) (COUNTY)  | (STATE)                                 |
| SUICIDE OF office bidg., etc.) HOMICIDE INJURY   |  |   |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While   | HOW DID INJURY OCCUR?  |   |
| INJURY m.   Work   At work   |  |   |
| 2:46PM 5-22 22. I hereby certify that I attended the deceased from   | -51 3:55PM 5-22-51 that I lead to                                      | my the decommed                         |
|  |  |   |
| alive on 22 May , 1951 , and that death occurred at  | 3:55 Pm., from the causes and on the date sta                          |   |
| SIGNATURY (Degree or title)  | ADDRESS  | DATE SIGNED                             |
| D.M. SHOOK LT USN U.S. Naval Air Statis  | an Datument Dimen Ma   | 5-23-51                                 |
| D.M. SHOOK LT USN U.S. Naval Air Stations, Burnar, CREMATION, DATE THEREOF NAME OF CEMETER                                       | on Patuxent River Md. RY OR CREMATORY   LOCATION (City town, or count) |   |
| REMOVAL (Specify) 5-23-5/ (ulinestan   | n H- 1/12/1 + 7  | E .                                     |
| DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE  | 24. FUNERAL DIRECTOR   | ADDRESS                                 |
| REG. 5/23/51 (amalier (  | 8.10 ( Ashingan - Dans.  | of trues                                |
|  |  | - 7020                                  |
| 205281192220   |  | 700                                     |



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

05146

Reg. Dist. No. 28/

| I. PLACE OF DEATH. COUNTY MARYLAND   | 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY                    | My mani  |
|--|---|--|
| CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN  CITY (If outside corporate limits, write RURAL and OR (in this place) | CITY (Houtside corporate limits, write RURAL and give OR TOWN)  | ve nearest town  |
| HOSPITAL OR<br>INSTITUTION OR<br>STREET ADDRESS  | STREET (If rural, give location)                                |  |
| 3. NAME OF DECEASED (First) (Middle) (Type or Print) BRENT   | 7 (Last) 4. DATE (Month) OF DEATH 5-                            | (Day) (Year)<br>8 - 1957   |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)   | 8. DATE OF BIRTH 9. AGE last birthday If under Months of Months |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY INDUSTRY  |   | COUNTRY? 4. S  |
| 13. FATHER'S NAME  | 14. MOTHER'S MITTEN NAME  |  |
| 15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)   | Rensietta Bacon, - Thi  | l. Par.  |
| I8. MEDICAL CE   | RTIFICATION   | INTERVAL BETWEEN   |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  |   | ONSET AND DEATH  |
| Immediate cause (a) Seneral arte   | nosclerosia   | 10 yes.  |
| Antecedent cause(s) Discasse or conditions, if any, giving rise to the above cause stating the underlying cause last                                 |   | A de la de la companya de la company |
| (c)  |   |  |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.                     |   |  |
| 19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  |   | 20. AUTOPSY?   |
|  |   | Yes   No   |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  NJURY   |   | (STATE)  |
| TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY m.   Work At work   | HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from Jane.   | 30 -  |  |
| alive on May 6, 1951, and that death occurred at 9. SIGNATURE: (Degree or title)   | ADDRESS , from the causes and on the date st                    | ated above. DATE SIGNED  |
| pyBean, M.D.   | Great Mills, Md.  | 5-9-51   |
| REMOVAL (Specify) S-1/2-51 . Teter   | CRY OR CREMATORY LOCATION (City, town, or coun                  | land:  |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5-9-51 PS Clary M.S.  | J. J. Shanney Reason  | ADDRESS AND  |
|  | 820   | 105 Md.  |



2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

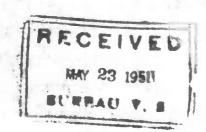
|      |       | 3 0/ |
|------|-------|------|
| leg. | Dist. | No   |

| 1. PLACE OF DEATH-<br>COUNTY   | 2. USUAL RESIDENCE (HOME) OF DECEASED-                | Y                                   |
|--|---|-------------------------------------|
| MARYLAND MARYLAND  | manifland st  | nance                               |
| CITY (if dutside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)  TOWN  LENGTH OF STAY (in this place)                    | CITY (fi outside corporate limits, write RURAL and gi | ive nearest sown)                   |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS  | STREET (If rural give location)                       |                                     |
|  |   |                                     |
| 3. NAME OF (First) (Middle) DECEASED (Type or Print)   | (Last) 4. DATE (Month) OF DEATH                       | (Day) (Year) 20 1957                |
| 5. SEX COLOR OF RACE 7. SINGLÉ, MARRIED, WIDOWED, DIVORCED, (Specify)  | 8. DATE OF BIRTH 9. AGE last birthday li ande         |                                     |
| 10a. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired) INDUSTRY  (Specify) Address of Business of INDUSTRY |   | 2. CITIZEN OF WHAT                  |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME                              | u. s. a.                            |
| thredayeld yest  | mary hang, non  | THE                                 |
| 15. W/S DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of service)                | 17. INFORMANT   |                                     |
| 1 Belvice)   | The poent 1. Jus                                      |                                     |
| 18. MEDICAL CEL<br>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   | RTIFICATION   | INTERVAL BETWEEN<br>ONSET AND DEATE |
|  | 0 41 1.   | 1                                   |
| Immediate cause (a) bereura  | o mombosis  | 1 mar                               |
| 332 \ Antecedent cause(s)  |   |                                     |
| Diseases or conditions, if any, (b)  |   |                                     |
| stating the underlying cause last  |   |                                     |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.                 |   |                                     |
| 19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  |   | 20. AUTOPSY?                        |
|  |   | Yes \ No \                          |
| 21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,   | (CITY OR TOWN) (COUNTY                                |                                     |
| SUICIDE OF office bldg., etc.) HOMICIDE INJURY   | (our or 18 mm)  | (SIAIL)                             |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY nn.   Work   At work  | HOW DID INJURY OCCUR?                                 |                                     |
| 22. I hereby certify that I attended the deceased from Jania   | 4 191, to May 20, 1917, that I last                   | saw the deceased                    |
| alive on 199114 , 195 and that death/occurred at   |   |                                     |
| SIGNATURE (Degree or title)  | ADDRESS Commercially                                  | DATE SIGNED                         |
| guy aug in, 1710   | _ 0 10-01,0010-031-0-04                               | 2/1/3                               |
| REMOVAL (Specify) Mar 22 1900  | He ast Bush Wood St M.                                | ones multiple                       |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE TO REG.  | 24. FUNERAL DIRECTOR                                  | ADDRESS                             |
| - 1-4/2/14   | for C. x4 alley fleet                                 | 7/0/26                              |
| / /  | Leonardown  | mid                                 |

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



The correct age

## MARYLAND STATE DEPARTMENT OF HEALTH

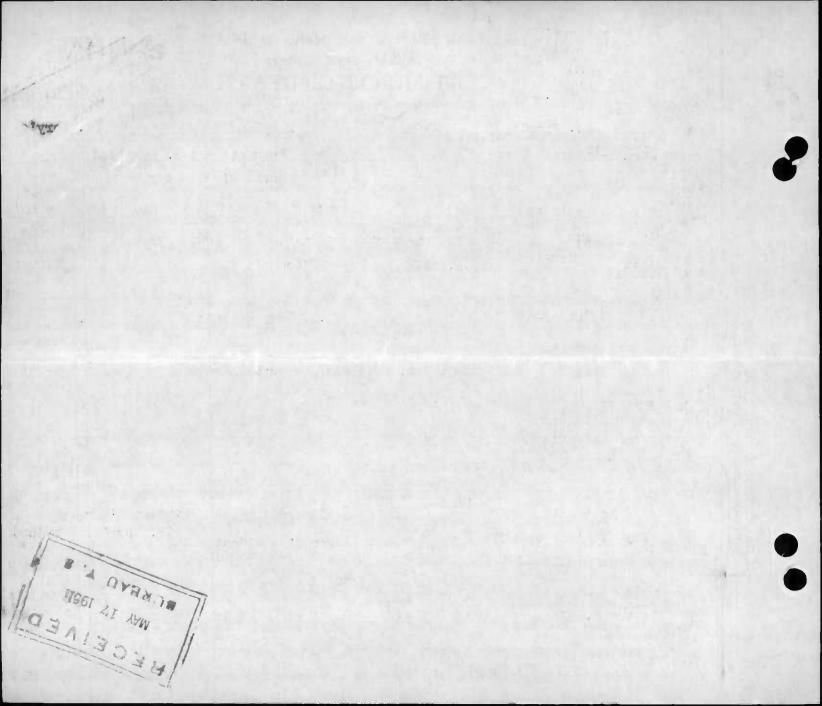
2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

05148

Reg. Dist. No. 28/

| 1. PLACE OF DEATH.  |                                       | 2. USUAL RESIDENCE (H                   | HOME) OF DECEASE                        | ED.                                     |   |
|---|---------------------------------------|---|---|---|---|
| COUNTY St. Mary's   | MARYLAND                              | STATE Maryland                          | 3                                       | COUNTY                                  | . Marv's  |
| CITY (If outside corporate limits, write RURAL a:   |                                       | CITY (If outside corpora                |   | L and give n                            | earest town)  |
| OR give nearest town) TOWN Rural -Patuxent River (in this place) OR TOWN Patuxent River, Maryland |                                       |   |   |   |   |
| HOSPITAL OR   |                                       | STREET (If rural, give location)        |   |   |   |
| INSTITUTION OR<br>STREET ADDRESS  |                                       | ADDRESS Naval                           | Air Station                             |   |   |
| 3. NAME OF (First) DECEASED   | (Middle)                              | (Last)                                  | 4. DATE (M                              | onth) (]                                | Day) (Year)   |
| (Type or Print) William   | (n)                                   | JANESHEK                                | OF DEATH Ma                             | y 9                                     | 151   |
| 5. SEX 6. COLOR OR RACE 7. S  | SINGLE, MARRIED,                      | 8. DATE OF BIRTH                        | 9. AGE last birthday                    | If under I ye                           | ar   If under 24 hrs.   |
| Male   Cauc   "   | IDOWED, DIVORCED,<br>(Specify) Single | 3-23-15                                 | 36 ym.                                  | Months                                  | Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work   10b  | . KIND OF BUSINESS OR                 | 11. BIRTHPLACE (State o                 | r foreign country)                      | 1 12. (                                 | ITTZEN OF WHAT  |
| done during most of working life, even if retired) IN   | U.S. NAVY                             | Wisconsin                               |   | Cot                                     | U.S.A.  |
| 13. FATHER'S NAME   | 100                                   | 14. MOTHER'S MAIDEN                     | NAME                                    |   | O.D.A.  |
|   |                                       |   | -                                       |   |   |
|   | 6. SOCIAL SECURITY NO.                | 17. INFORMANT AND                       | ADDRESS                                 |   |   |
| (Yes, no or unknown) (1! yes, give war or dates of service) 1939-51                               |                                       | U.S. Navy Red                           | cords                                   |   |   |
|   | 18. MEDICAL CE                        |   |   | 1                                       |   |
| I. DISEASES OR CONDITIONS DIRECTLY LEA  | DING TO DEATH                         |   |   | Iz                                      | TERVAL BETWEEN  |
| i. Didding on comparions banders. Blin  | DING TO DUNTE                         |   |   |   | NEET AND DEATH  |
| Immediate cause (a)   | Injuries, Mult                        | iple, Extreme                           | *** *********************************** | I                                       | mmediate  |
| CHI DAMANA  |                                       |   |   |   |   |
| Antecedent cause(s) Diseases or conditions, if any, (b)   | Burn, Third de                        | gree                                    |   |   |   |
| giving rise to the above cause  |                                       | *************************************** | **************************************  | *****                                   | uu ee +0 0 200 uu (( 0 pu <del>-10 20 (( 1 port</del> ) + <del>1 1 port</del> |
| 73 stating the underlying cause last  |                                       |   |   |   |   |
| 11. OTHER SIGNIFICANT CONDITIONS  |                                       |   |   |   |   |
| Conditions contributing to the death but not  |                                       |   |   |   |   |
| related to the disease or condition causing death.  19a, DATE OF OPERATION   19b, MAJOR FIND      | INCS OF OPERATION                     |   |   | ) 2                                     | 0. AUTOPSY?   |
| ISE DATE OF OLDERTION 1400 MINE ON PARTY  | 21100 01 01 0101111011                |   |   |   |   |
| 21. ACCIDENT (Specify)   PLACE (  | Home, farm, factory, street.          | (CITY OR T                              | OWAL)                                   | OUNTY)                                  | Yes No X  |
| SUICIDE OF off  | ice bldg., etc.)                      |   |   | ,                                       | (STATE)   |
| HOMICIDE Accident INJURY  | URY OCCURRED                          | mile west of                            | NAS Patuxen                             | t River                                 | ma  |
| OB  | le at Not While                       | HOW DID INJURY OCC                      | St.                                     | Marris.                                 | Maryland  |
| INJURY May 9 1951 9:24AM W  | ork 🕅 At work 🗌                       | Aircraft accide                         | ent                                     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | and J Luisu   |
| 22. I hereby certify that I attended the de   | accord from                           | 10 to                                   | 10 " Abot                               | Titlant name                            | the Janes 1   |
|   |                                       |   | 1 12 13                                 |   |   |
| alive op, 19, and th  | at death occurred at                  | .24 A.m., from the                      | causes and on the                       | date state                              | d above.  |
| SIGNATURE   | (Degree or title)                     | ADDRESS                                 |   | 1                                       | DATE SIGNED   |
| Thenton D. BOAZ   | ADD (MA) TICH                         | Mana Chata                              | lan Datumant                            |   | May 1951  |
| 21 BURIAL CREMATION DATE THEREOF  | APT (MC) USN                          | Naval Air Stat:                         | OCATION (City, town                     | TIVEL,                                  | Md. (State)   |
| // REMOVAL (Speciful  | ,                                     | T Ou Old Blitti Old 1                   | LOW City, town                          | , or county)                            | · (State)   |
| DATE REC'D BY LOCAL   REGISTRAR'S SIGN  |                                       | 24 FUNERAL DIRECTO                      | 21. Washing                             | on Ki                                   | ADDRESS   |
| REG // -  | \ Q                                   | 12/13/19                                | - 7                                     | 17                                      | DURESS  |
| 2-14-3 1 1 1 Kea  | my Mr.                                | J. O. Moles                             | son-ovo                                 | noral                                   | un ma   |



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05149

## CERTIFICATE OF DEATH

| 1. PLACE OF DEATH-   |  |                                       |                        |                      |                         |                     |
|--|--|---------------------------------------|------------------------|----------------------|-------------------------|---------------------|
| COUNTY De march  | MARYLAND   | 2. USUAL RESIDENCE (II                | OME) OF DEC            | COUNTY               | Mand                    | 4                   |
| CITY (If outside corporate limits, write RURAI OR give negrest town)   |  | CITY (If outside grpora<br>OR<br>TOWN | te limits, write R     | URAL and giv         | e nearest tow           | n)                  |
| HOSPITAL OR<br>INSTITUTION OR<br>STREET ADDRESS  | - Organ  | STREET ADDRESS                        | (If rural gi           | ve location)         | M                       |                     |
| S. NAME OF (First) DECEASED (Type or Print)  | (Middle)   | (Last)                                | 4. DATE<br>OF<br>DEATH | (Month)              | (Day)                   | (Year)              |
| 5. SEX 6. COLOR OR RACE 7  | SINGLE, MARRIED,<br>WIDOWED DIVORCED,<br>(Specify) | 8. DAVE OF BIRTH                      | 9. AGE last birt.      | hday If inder Months | I year II und           | ler 24 brs.<br>Min. |
| done during most of working life, aven if retired)   | 10b. KIND OF BUSINESS OR INDUSTRY                  | 11. BIRTHPLACE (State of              | foreign country)       | 12                   | COUNTRY?                | WHAT                |
| 13. FATHER'S NAME  | ~ 24   | 14. MOTHER'S MAIDEN                   | NAME                   | Gen.                 | 20.00                   |                     |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)  | 16. SOCIAL SECURITY NO.                            | 17. INFORMANT                         | Joseph                 | red                  |                         |                     |
| I. DISEASES OR CONDITIONS DIRECTLY LI  Immediate cause (a)   | 18. MEDICAL CEI                                    | erebication                           | mosse                  | hge                  | INTERVAL B<br>ONSET AND |                     |
|  |  | b                                     |                        |                      |                         |                     |
| Diseases or conditions, if any, giving rise to the above causa stating tha underlying cause last (c)   | nonf   | on                                    |                        |                      |                         |                     |
| Diseases or conditions, if any, giving rise to the above causa stating tha underlying cause last (c)   | hypertensi   | on                                    |                        |                      |                         | 0garqaga            |
| Diseases or conditions, if any, giving rise to the above causa stating tha underlying cause last (c).  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not   | Hypertonic NONE  NDINGS OF OPERATION               | on                                    |                        |                      | 20. AUTOI               |                     |
| Diseases or conditions, if any, giving rise to the above causa stating tha underlying cause last (c).  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FIR.  21. ACCIDENT (Specify) PLACE OF SUICIDE   | (Home, farm, factory, street, office bldg., etc.)  | (CITY OR T                            | OWN)                   | (COUNTY)             |                         | No 🗆                |
| Diseases or conditions, if any, giving rise to the above causa stating rise to the above causa stating tha underlying cause last (c).  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FIRSUICIDE (Specify) PLACE OF HOMICIDE (INJUR. TIME (Month) (Day) (Year) (Hour) I | (Home, farm, factory, street, office bldg., etc.)  | (CITY OR T                            |                        | (COUNTY)             | Yes 🗆                   | No 🗆                |

SANTENNA DESALEDEN

05150

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

| I. PLACE OF DEATH-   | 2. USUAL RESIDENCE (HOME) OF DECEASED-   | ,                                   |
|--|--|-------------------------------------|
| MARYLAND I   |  | arys'                               |
| CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY                                  | CITY (Il butside gorporate limits, write RURAL and giv   |                                     |
| TOWN Meekanies tokk Range (in this place)  | TOWN RUSS O. R & L F   | - /                                 |
| HOSPITAL OR  | STREET (If rural, give location)   |                                     |
| INSTITUTION OR<br>STREET ADDRESS   | ADDRESS me eliler ecsville   |                                     |
| 3. NAME OF (First) (Middle)  | (Last)   4. DATE (Month)   | (Day) (Year)                        |
| DECEASED   | OF 2   |                                     |
| (Type or Print)  | DEATH DEATH   9. AGE last hirthday   Munder  | 195/                                |
| 5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCEDO                                     | Months   | Days Hours Min.                     |
| amale Colored (Specify)//n/week  | mary-7-/8/9 9 2 yrs. 1 - 1   | 9 1 1                               |
| 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Japustry |  | CITIZEN OF WHAT                     |
| Keep house for transfer -  | maryland Stmark  | 2. 8. a.                            |
| 13( FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME   |                                     |
| tarale troubles  | Kosa Mason hob   | es                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.                                | 17. INFORMANT AND ADDRESS  |                                     |
| (Yes, no, or unknown) (If yes, give war or dates of service)   | Lawerquel 7. Jane  | an                                  |
| 18. MEDICAL CEI  | RTIFICATION  |                                     |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  |  | INTERVAL BETWEEN<br>ONSET AND DEATH |
| . 1  | 1 1 - 1  | Onder And Danie                     |
| Immediate cause (a) Gerebro - V  | ascular accident   | 1 tie                               |
| Intiliediate cause   | 1  |                                     |
| 143 X Diseases or conditions, If any. (b)  | re cardin-Vascular design  | Sus                                 |
| giving rise to the above cause   | A CONTRACTOR OF THE CONTRACTOR |                                     |
| 92 stating the underlying cause last   |  | V                                   |
| (c)  |  | 1                                   |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not                        |  |                                     |
| related to the disease or condition causing death.   |  |                                     |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?                        |
|  |  | Yes No No                           |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)                    | (CITY OR TOWN) (COUNTY)  | (STATE)                             |
| HOMICIDE /V INJURY   |  |                                     |
| TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   | HOW DID INJURY OCCUR?  |                                     |
| OF While at Not While INJURY m. Work At work   |  |                                     |
|  | 150 Jan 18 151   |                                     |
| 22. I hereby certify that I attended the deceased from   | , 1950, to May 18., 1921, that I last se   | aw the deceased                     |
|  |  |                                     |
|  | ADDRESS from the causes and on the date st   | DATE SIGNED                         |
| SIGNATURE (Degree or title)  | Ja / / / / / / / / / / / / / / / / / / /   | 1111                                |
| Loy July Mr. MAN   | mechanics un, me   | 3/18/1                              |
| 23. BURIAK CREMATION   DATE THEREOF   NAME OF CEMETER  |  | 100                                 |
|  | RY OR CREMATORY   LOCATION (City, town, or count   | y) (State)                          |
| REMOVAL (Specify)  | 1 -1 14 000  | ex: mil                             |
| Paris Coman of 1-1701 St Joseph  | RY OR CREMATORY LOCATION (City, town, or count  Constant  124 FUNERAL/DIRECTOR  124 FUNERAL/DIRECTOR   | ADDRESS                             |
| DATE REC'D BY LOCAL ELECTRAR'S SIGNATURE TREES   | Cornetery Morrama & Ma   | exis mil                            |
| DATE REC'D BY LOCAL   SECISTRAR'S SIGNATURE  | Cornetery Morrama & Ma   | exis mil                            |

age correct

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

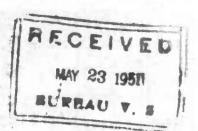
## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05151

## CERTIFICATE OF DEATH

| 1. PLACE OF DEATH-<br>COUNTY  | 2. USUAL RESIDENCE (HOME) OF DECEASED-   |
|---|--|
| CITY (If outside corporate Prints, write RURAL and   LENGTH OF STAY   | CITY (If outside corporate limits, write RURAL and give nearest town)  |
| OR give nearest town (in this place)  | OR TOWN Charlotte Hall   |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS   | STREET (If rural give location) ADDRESS  |
| 3. NAME OF (First) (Middle)   | (Last)   4. DATE (Month) (Day) (Year)  |
| DECEASED (Type or Print) Many Frances.  | Tey: OF May 19 1957  |
| 6. COLON OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M QUALITY   | 8. DATE OF SIRTH 9. AGE last hirthday   Hunder 1 year   Hunder 24 hrs.   Months Days Hours Min.   William   Min.   Min. |
| 10a. USUAL OCCUPATION (Give kind of work   10h. KIND OF BUSINESS OR done during most of working life, even if retired)   INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT  |
| 13. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME   |
| * William Curtis  | * Burgess  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)                          | 17. INFORMANT  |
| 18. MEDICAL CER   | RTIFICATION  |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   | INTERVAL BETWEEN   |
| I. DISEASES OR CONDITIONS DIRECTLY BEADING TO DEATH   | ONSET AND DEATH  |
| Immediate cause (a) Hearl. Extr   | ushon Mital regurgetation 6 mis.   |
| 26/X  |  |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause  |  |
| stating the underlying cause last   |  |
| (e)   |  |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  | ath-lega accepatated   |
| 19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY?   |
| 1844 deg ampetation   | Yes No Co  |
| 21. ACCIDENT (Specify) SUICIDE (OF office hidg., etc.) HOMICIDE (INJURY)  | (CITY OR TOWN) (COUNTY) (STATE)  |
| TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF   While at Not While  | HOW DID INJURY OCCUR?  |
| INJURY m. Work At work  |  |
| 22. I hereby certify that I attended the deceased from  | 19.4.4 to 19.5.1, that I last saw the deceased   |
| /   | /  |
| alive on May 12 , 19 77, and that death occurred at 7 SIGNATURE (Degree or title)   | ADDRESS DATE SIGNED  |
| Levy Jothan M.D.  | to horlotte Hall May 21/3i   |
| 23. BURIAL, CREMATION DATE THEREOF NAME OF COMETER REMOVAL (Specify) 5/22/57  | RY OR CREMATORY LOCATION (City, town, or county) (State)   |
| DATE REC'D BY LOCAL REGISTRAR'S SUNATURE REG.   | 24. FUNERAL DIRECTOR ADDRESS   |
| - 14/31 to 12/2000 MA   | (1.1). Common - Leonardlaure   |



2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

|      |       |          | 2 | C | ~ |
|------|-------|----------|---|---|---|
| Dog  | Diet  | No       |   | 0 | - |
| neg. | Dist. | 140 ···· |   |   |   |

| 1. PLACE OF DEATH   | 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY   |                        |
|---|--|------------------------|
| St. Mary's MARYLAND   | California   |                        |
| CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY   | CITY (If outside corporate limits, write RURAL and give  | nearest town)          |
| OR wive nearest town Air Station (in this place)  | Town Sepulveda   |                        |
| HOSPITAL OR INFIRMARY   | STREET (If rural, give location)   |                        |
| STREET ADDRESS Patuxent River, Maryland   | ADDRESS 8440 Columbus Ave.   | V                      |
| 3. NAME OF (First) (Middle)   | (Last)   4. DATE (Month)   | (Day) (Year)           |
| OECEASED (Type or Print) Linda Marie  | OF   |                        |
| 5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,   | The state of the s | year [If under 24 hrs. |
| Female Caucasian WIDOWED, DIVORCED, (Specify)   |  | Days Hours Min.        |
| 10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR   | 1 11. RIRTHPLACE (State or foreign country) 1 12   | CITIZEN OF WHAT        |
| done during most of working life, even if retired) INDUSTRY   | Infirmary, went River, Md.   | SATEY?                 |
| 13. FATHER'S NAME   | USMOTHER'S MAIDEN NAME, Md.  |                        |
| CHRELEC Alvin Bertle OLSON, USN   |  |                        |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.   | Vivian Gustafson<br>17. INFORMANT AND ADDRESS  |                        |
| (Yes, no, or unknown) (If yes, give war or dates of service)  | Navy records   |                        |
| 18. MEDICAL CEI   |  |                        |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   |  | INTERVAL BETWEEN       |
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   |  | ONSET AND DEATE        |
| Immediate cause (a) IMMATURITY DUE TO   | PREMATURITY  | 11 days                |
| 20 / X Infinediate cause  |  |                        |
| Antecedent cause(s)   |  |                        |
| Diseases or conditions, if any, (b)   | ***************************************  |                        |
| atating the underlying cause last   |  |                        |
| (c)   |  |                        |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not   |  |                        |
| related to the disease or condition causing death. Unknown  19a, DATE OF OPERATION   19b, MAJOR FINDINGS OF OPERATION |  | A CO. A YIMO DOWN      |
| 198. DATE OF OPERATION 199. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?           |
| CONDINE   | COUNTY OF TOWNS (CONVENTS)   | Yes No No              |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY                              | (CITY OR TOWN) (COUNTY)  | (STATE)                |
| TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED  | IOW DID INJURY OCCUR?  |                        |
| OF INJURY  m. While at Not While Not Work At work   |  |                        |
|   | 3  |                        |
| 22. I hereby certify that I attended the deceased from 21 Apri.   | 1., 1951, to 2. May, 1951, that I last sa  | w the deceased         |
| alive on 2 May 1951 and that death occurred at 0  | 740 Am from the causes and on the date ats   | ted shows              |
| SIGNATURE (Degree or title)   | ADDRESS  | DATE SIGNED            |
| ANKILL in.  |  |                        |
| M. J. SULLIVAN, LCDR MC USN U.S. NAVAL ATR  | RS TATTOMATBRY TEREST BIVER, WAS TALLED  | 4 5 2 51               |
| 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE. REMOVAL (Specify) 5-4-5  | RY OR CREMATORY LOCATION (City) to Wa, breduit   | (State)                |
| pueseal - manual  |  | genia                  |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE   | 24 FUNERAL DIRECTOR  | ADDRESS                |
| REG. 5-2-51 Camalier  | TO Johnson - Leonar  | dhum 1                 |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

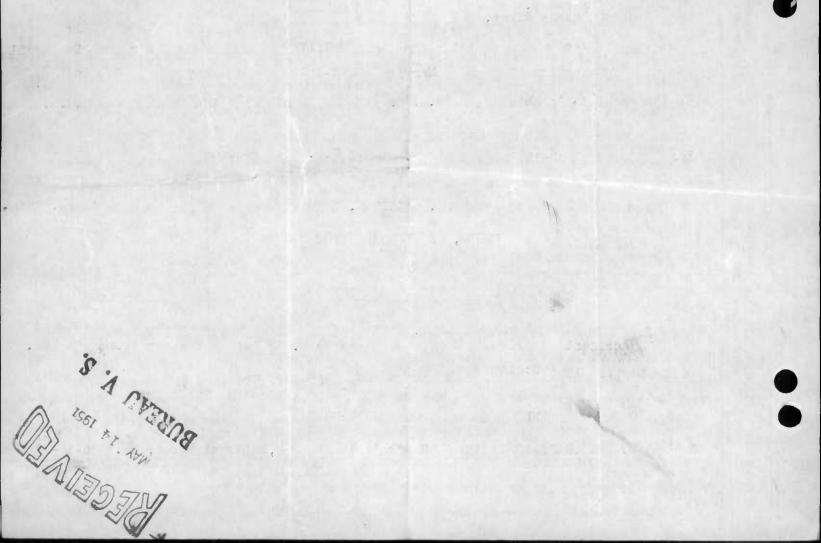


## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

| GERTIFICAT  | E OF DEATH Reg. Dlst. N   | o  |
|---|---|--|
| 1. PLACE OF DEATH.  | 2. USUAL RESIDENCE (HOME) OF DECEASED   |  |
| COUNTY St. Mary's MARYLAND  | STATE Maryland COUNT  |  |
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR (in this place)  | CITY (If outside corporate limits, write RURAL and gi   |  |
| HOSPITAL OR INFIRMARY, INSTITUTION OR INFIRMARY, STREET ADDRESS PATUX Ent.  | TOWN Lexington Park Trailer STREET ADDRESS (If rural, give location)  | Cismip   |
|   | 11  |  |
| DECEASED (Type or Print) Cleo Aldridge  | (Last) 4. DATE (Month) OF OF MAY  | (Day) (Year)<br>9 1957                         |
| 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married  | 8. DATE OF BIRTH 9. AGE last birthday II under Months 2-23-24 27 yrs.   | I year   If under 24 hrs   Days   Hours   Min. |
| 10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working life, even if retired) INDUSTRY | 11. BIRTHPLACE (State or foreign country)   | 2. CITIZEN OF WHAT COUNTRY?                    |
| Aviation Machinist's Mate U.S. Navy   | North Carolina 14. MOTHER'S MAIDEN NAME   | U.S.A.   |
| 15. Was Decrased Ever In U.S. Armed Forces?   16. Social Security No.   | 17. INFORMANT AND ADDRESS   |  |
| (Yes, no, or unknown) (If yes, give war or dates of Yes service) 1943-1951  | U.S. Navy Records   |  |
| 18. MEDICAL CE  |   | 1  |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   |   | INTERVAL BETWEEN<br>ONSET AND DEATE            |
| Immediate cause (a) INJURIES, MULTIPLE  | E. EXTREME  | 12hrs.44min                                    |
| VILL 9 Intillediate cause   | And the second sector and sector |  |
| Antecedent cause(s) Diseases or conditions, if any, (b)   | MITOD DECDER  |  |
| giving rise to the above cause  | TRIKU UBGREE  | 0  |
| 173 stating the underlying cause last   |   |  |
| II. OTHER SIGNIFICANT CONDITIONS  |   | 1  |
| Conditions contributing to the death but not related to the disease or condition causing death.                               |   |  |
| 19a, DATE OF OPERATION   19h. MAJOR FINDINGS OF OPERATION   |   | 1 20. AUTOPSY1                                 |
|   |   |  |
| 21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,  | (CITY OR TOWN) (COUNTY  | Yes Nov  |
| SUICIDE HOMICIDE Accident OF office hldg., etc.) INJURY   | mile W.NAS Patuxent River St.M  |  |
| TIME (Month) (Day) (Year) (Hour) I INJURY OCCURRED  | HOW DID INJURY OCCUR?   |  |
| OF INJURY May 9 1951 9:24 While at Work At work   | Admonath Church   |  |
|   | 5-9-51  |  |
| 22. I hereby certify that I attended the deceased from 0955AM   | 19, to 10:08PM., 19, that I last  | saw the deceased                               |
| alive on 9 May 19.51, and that death occurred at  | 10:08 P.m., from the causes and on the date st  | tated above. DATE SIGNED                       |
| Themton D. BOAZ, CAPTAIN MC USN US Naval  | Air Station, Patuxent River, Md.  | 5-10-51  |
| // REMOVAL (Specify)  | RY OR CREMATORY LOCATION (City, town, or country)   | 11/1/1   |
| DATE/REC'D BY LOCAL REGISTRAR'S SIGNATURE,  | 24-FUNERAL DIRECTOR   | ADDRESS  |
| - 9/11/1 Terralles  | W. Hounon - geonorallo  | mo.  |
|   | 6   | 73416  |



2411 N. Charies Street, Baltimore

## CERTIFICATE OF DEATH

| Reg. | Dist. | No |
|------|-------|----|
| -    |       |    |

| 1. PLACE OF DEATH WAS MARYLAND  | 2. USUAL RESIDENCE (HOME) OF DECEASED. STATE may and supplies the supplies of Deceased.                |
|---|--|
| CITY (If outside corporate limits, write RUPAL and LENGTH OF STAY OR give nearest town) (in this place)                           | CITY (II outside conforate limits, write RURAL and give/nearest town) OR TOWN  Nermanity III PO Russel |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS   | STREET (If rural, give location)   |
| 3. NAME OF DECEASED (First) (Middle) (Type or Print)  | (Last) 4. DATE (Month) (Day) (Year) OF DEATH Way 2 125/  |
| 5. SEX 6. COLOROR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)   | 8. DATE OF BIRTH 9. AGE iast birthday II under Lyon   If under 24 hrs Months. Days   Hours   Min.      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY    | 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF, WHAT COUNTRY?                               |
| 13. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME   |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)                         | Hearle Price   |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause (a) 18. MEDICAL CE   | RTIFICATION INTERVAL BETWEEN ONSET AND DEATH   |
| 49/X Antecedent cause(s)  |  |
| Diseases or conditions, if any, (b)   |  |
| II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death. |  |
| 19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY? Yes No N  |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY                                 | (CITY OR TOWN) (COUNTY) (STATE)  |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.   INJURY At work                                    | HOW DID INJURY OCCUR?  |
| 22. I hereby certify that I attended the deceased from slive on   | ADDRESS DATE SIGNED  ADDRESS DATE SIGNED  AND LOCATION (City, town, or county) (State)                 |
| 402091249408  | deonarditrich mc   |



2411 N. Charles Street, Baltimore

05155

## OPPTIPIOATE OF DEATH

| CERTIFICAT  | Reg. Dist. No.  | 0  |
|---|---|--|
| I. PLACE OF DEATH-  | 2. USUAL RESIDENCE (HOME) OF DECEASED-                  |  |
| COUNTY ST. Mar V S MARYLAND   | STATE Mary Land COUNTY                                  | ET March C                                     |
| CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY   | CITY (If outside corporate limits, write RURAL and give | ve nearest town                                |
| TOWN (in this place)  | TOWN TIGE   | ve hearest town,                               |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS   | STREET (If rural, give toeation)                        |  |
| 3. NAME OF /- (First) (Middle)  | (Last)   4. DATE (Month)                                | (Day) (Year)                                   |
| DECEASED Frint ESTELLE  | Todeh DEATH 5- &  | 18- 195  |
| 5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify), id. 18. 9.  | Months.   | i year If under 24 hrs.<br>Days   Hours   Min. |
| 10a. USUAL OCCUPATION (Give kind of work 10b. Kind of BUSINESS OR done during most of vorking life, even if retired) / INDUSTRY |   | CITIZEN OF WHAT                                |
| done during most of working life, even if retired) /INDUSTRY  | Mary Land.  | COUNTRY?                                       |
| 13. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME                                |  |
| William R. Clark  | WELLIE NILBURN  |  |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If year, give war or dates of    | 17. INFORMANT AND ADDRESS                               | 1 1  |
| nervice)  | Klames Roach - KidgE,                                   | Md.  |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   | RTIFICATION   | INTERVAL BETWEEN<br>ONSET AND DEATH            |
|   | 0.000   | O .  |
| Immediate cause (a) Called  |   | 3 day.   |
| 334X Antecedent cause(s)  |   | 0  |
| / Vinancha La Co  | Series of Committee                                     | 1000   |
| Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last                            | 78 cocon  | 10 /2.   |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not   |   | ***************************************        |
| related to the disease or condition causing death.  |   |  |
| 19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   |   | 20. AUTOPSY?                                   |
| none !  |   | Yes No P                                       |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY  | (CITY OR TOWN) (COUNTY)                                 |  |
| TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED  | HOW DID INJURY OCCUR?                                   |  |
| OF While at Not While INJURY m. Work Atwerk   | none  |  |
| 22. I hereby certify that I attended the deceased from 5  | 1057 40 5 32 1057 (14 17 14                             |  |
|   | 0 1   |  |
| alive on  |   | ated above.                                    |
| SIGNATURE (Degree or title)   | ADDRESS   | DATE SIGNED                                    |
| Julia, Sour (5).  | rojeta lale hd.   | 5/28/51  |
| DELAGORAL (Consider)  | GRY OR CREMATORY LOCATION (City, town, or count         | y) (State)                                     |
| DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   | 24. FUNERAL DIRECTOR                                    | ADDRESS  |
| REG. 5/24/37 Elecually  | 1.13 (Bokinson), Domes                                  | Aliver.  |
| -/11  | - Carrier Contract                                      | wis  |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15



2411 N. Charles Street, Baltimore

05156

## CERTIFICATE OF DEATH

| COL   | OEKTIFIOA  | Reg. Dist. N   | 10                                |
|---|--|--|-----------------------------------|
| tem of information carefully. The of death clearly and legibly. | 1. PLACE OF DEATH- COUNTY  WARYLAND  CITY (II o'uside express timits, write RURAL and OR give searest town)  TOWN  HOSPITAL OR (in, this place)  HOSPITAL OR (in, this place)  TOWN  HOSPITAL OR (First)  STREET ADDRESS  3. NAME OF DECEASED (Type or Print)  5. SEX  6. COLOR OR RACE  WIDOWED, DIVORCED (Specify) 7. SINGUE, MARRIED, WIDOWED, DIVORCED (SPECIF) 7. SINGUE, MARRIED, WID | OR TOWN STREET STREET ADDRESS (II rural, give location)  (Last)  (Last)  (Last)  (Last)  (Last)  (Last)  (Last)  (A. DATE (Month)  OF DEATH  DEATH  OF DEATH  (Month)  (Month)  (Month)  (Month)  (Month)   | (Day) (Year)                      |
| ly every item<br>the causes of d                                | 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   | 17. INFORMANT AND ADDRESS Bauke  | 1                                 |
| ply<br>e tl   | 18. MEDICAL  | CERTIFICATION  |                                   |
| Supply<br>write th  | I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  |  | ONSET AND DEATH                   |
| WITH UNFADING INK. Smportant. Physicians: please v              | Immediate cause  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  Congeste  Congeste  Congeste   | is heart failur<br>fibrilation   | 1-month                           |
| (Free)  | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.   | V  |                                   |
| ant   | 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?                      |
| Et  | A PLACE (II  | et. : (CITY OR TOWN) (COUNT)   | Yes No                            |
| Wind  | 21. ACCIDENT (Specify) PLACE (Home, farm, factory, streed of the bldg., etc.) HOMICIDE INJURY  | et, (CIIY OR TOWN) (COUNTY   | Y) (STATE)                        |
| LAINLY, WITH U especially important.                            | TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work  | HOW DID INJURY OCCUR!  |                                   |
| PLEASE WRITE PLAINLY is especially                              | SIGNATURE (Degree or title)  | TERY OR CREMATORY   LOCATION (City, town, or country of the Causes and on the date of the Charles of the Charle | stated above. DATE SIGNED 5/12/57 |
|   |  | · Kemardlown ?   | MC                                |

M

The correct age

MARGIN RESERVED FOR BINDING

7S. A15



The correct age

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

|                            |  |  |                                   |                                    | Dist. 1(0   |
|----------------------------|--|--|-----------------------------------|------------------------------------|---|
| 1. PLACE OF DEAT<br>COUNTY |  |  | 2. USUAL RESIDENCE                | (HOME) OF DECEASE                  | D.<br>COUNTY  |
|                            | St. Mary's   | MARYLAND   |                                   |                                    |   |
| OR give neares             | corporate limits, write RUR<br>t town<br>AL Patuxent Riv | AL and LENGTH OF STAY (in this place)                          | UK                                | wland<br>forate limits, write RURA | L and give nearest town)  |
| HOSPITAL OR                | ALL I SURVEIL WIT  | 7 G.Z.   | TOWN Naval                        | Air Station (If rural, give los    | setton)   |
| INSTITUTION O              | R<br>SS  |  | ADDRESS                           | M.O.Q.                             | action)   |
| 3. NAME OF                 | (First)  | (Middie)   | (Last)                            | 14. DATE (Moi                      | nth) (Day) (Year)   |
| (Type or Print)            | David Lee  | THOIPSO  | N                                 | OF<br>DEATH                        | lav 9 1951  |
| 5. SEX<br>Male             | 6. COLOR OR RACE   | 7. SINGLE, MARRIED,<br>WIDOWED, DIVORCED,<br>(Specify) Married | S. DATE OF BIRTH                  | 9. AGE last birthday               | If under 1 year   If under 24 hrs. Months   Days   Hours   Min. |
|                            | ATION (Give kind of work                                 | 10b. KIND OF BUSINESS OR                                       | 12-23-19<br>11. BIRTHPLACE (State | 31 yrs.                            | 12. CITIZEN OF WHAT   |
| done during most of        | working life, even if retlred)                           | INDUSTRY U.S. NAVY   | West Virgin                       |                                    | COUNTRY! U.S.A.   |
| 13. FATHER'S NAM           | Æ  |  | 14. MOTHER'S MAID                 | EN NAME                            |   |
|                            |  |  |                                   |                                    |   |
|                            | EVER IN U.S. ARMED FORCES (If yes, give war of dates     |  | 17. INFORMANT AND                 | ADDRESS                            |   |
| Yes                        | service) 1949-51   | 54 L   | U.S. Navy                         | Records                            |   |
|                            |  | 18. MEDICAL CE   | RTIFICATION                       |                                    |   |
| I. DISEASES OR C           | ONDITIONS DIRECTLY                                       | LEADING TO DEATH   |                                   |                                    | INTERVAL BETWEEN<br>ONSET AND DEATH                             |
|                            |  |  |                                   |                                    |   |
| Immedia                    | te cause (a)   | Injuries, Multip   | le, Extreme                       |                                    | Immediate   |
| (V) 9 Antorede             | nt cause(s)  |  |                                   |                                    |   |
| Diseases or                | conditions, if any, (b)                                  | Burns, Third deg   | ree                               |                                    |   |
|                            | to the above cause<br>underlying cause last              |  |                                   |                                    |   |
| 1/3                        | (c)  |  |                                   |                                    |   |
| Conditions contrib         | ICANT CONDITIONS uting to the death but not              | 4  |                                   |                                    |   |
| 19a. DATE OF OPE           | ase or condition causing deat                            | INDINGS OF OPERATION   |                                   |                                    | 1 20. AUTOPSY?  |
|                            |  |  |                                   |                                    | 90  |
| 21. ACCIDENT               | (Specify)   PLA  | CE (Home, farm, factory, street.                               | : (CITY OI                        | TOWAL (CC                          | OUNTY) (STATE)  |
| SUICIDE                    | OF   | office bldg., etc.)  |                                   | Patuxent                           | (4-1-1-7)   |
| HOMICIDE<br>TIME (Month)   | Accident INJU  | INJURY OCCURRED  | How DID INJURY                    | Piver St.                          | Mary's Maryland   |
| OF ac                      |  | While at Not While   |                                   |                                    |   |
| INJURY May                 | 9, 1951 9:24er   | Work At work   | Aircraft cr                       | <u>esh</u>                         |   |
| 29 I hereby cort           | ify that I attended the                                  | e deceased from  | 19 to                             | 10 that 1                          | I leat gow the deceased   |
| 22. I hereby cert          |  |  |                                   |                                    |   |
| alive on                   | , 19, an   | d that death occurred at. 9.                                   | :24 Am., from tl                  | ne causes and on the               | date stated above.  |
| SIGNATURE                  | 123  | (Degree or title)  | ADDRESS                           | Patuxent                           | Pinen DATE SIGNED   |
| Theriton                   | D. BOAZ  | CAPT MC USN  | Naval Air Sta                     |                                    | 20 22 200   |
| 23. BURIAL, CREM           | ATION I CATE THERE                                       | OF I NAME OF CEMETE  | RY OR CREMATORY                   | LOCATION (City town                | or county) (State)  |
| / REMOVAL (Spe             | cify)  | 15-1 & WM  | Loca                              | 10 11                              | (State)   |
| DATE REC'D BY              | LOCAL   REGISTRAR'S                                      | 0,100  | 24. FUNERAL DIREC                 | COR COR                            | ADDRESS   |
| REG. 57 114                | 1.5  | malier   | ALYROV.                           |                                    | Alarma I San D  |
| 770                        | Can-   |  | - Dunina                          | on terra                           | Land Mills  |



2411 N. Charles Street, Baltimore

05158

## CERTIFICATE OF DEATH

| 1. PLACE OF DEATH 1 - Marys G MARYLAND   | 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY                    | si marys   |
|--|---|--|
| CITY (If outside corporate limits, write RURAL and OR give nearest town) (In this place) (In this place)   | CITY (If outside corporate limits, write RURAL and give on TOWN | re nearest town)                                 |
| HOSPITAL OR<br>INSTITUTION OR<br>STREET ADDRESS  | STREET (If rural, give location)                                |  |
| 3. NAME OF (First) (Middle) (Type or Print) agnes makel  | (Last) 4. DATE (Month) OF DEATH                                 | (Day) (Year)                                     |
| 5. SEX  6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, STORED, STORED | 8. DATE OF BIRTH 9. AGE iast birthday II under Mosths.          | l year   Il under 24 hrs.<br>Days   Hours   Min. |
| done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  |   | COUNTRY?   |
| 13. FATHER'S NAME Thomas G, & devards  | mary Prawces &  | oud:   |
| 15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown)   (If year, give war or dates of service)  | 17. INFORMANT Lase & Welgh                                      |  |
| 18. MEDICAL CER<br>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   | RTIFICATION   | INTERVAL BETWEEN<br>ONSET AND DEATH              |
| Bank y   | L. D. O.  | 2 week   |
| Immediate cause (a)  | Janure  | a week   |
| Antecedent cause(s)  Diseases or conditions, if any, (b)   | of slow-h   | 1-42   |
| 466 giving rise to the above cause stating the underlying cause last (c) Meta state  | El lesion If lun  | 6 mes  |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  |   | 20. AUTOPSY?                                     |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) INJURY   | (CITY OR TOWN) (COUNTY)   | (STATE)  |
| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work   | HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from. March. I.  | 105/ +0 May 4 105/ that I last a                                | om the decreed                                   |
| alive on   | 1   |  |
| Man DBand MO   | Leone Itou  | 4/5/51   |
| 23. BURIAL, CREMATION DATE NAME OF CEMETER REMOVAL (Specify)   | RY OR CREMATORY COCATION (City, town, or count                  | (State)  |
| DA'FE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5/5/5  | 24. FUNERAL DIRECTOR Welch                                      | ADDRESS  |
|  |   |  |

